

62

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 28740  
7603 Registrar's No.

BIRTH NO. _____		REG. DIST. <b>318</b>	PRIMARY REG. DIST. <b>1003</b>	Registrar's No. _____	
<b>1. PLACE OF DEATH</b> a. COUNTY _____			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mill Springs 1110</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Park Lane Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>/</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Charles</b> b. (Middle) _____ c. (Last) <b>Smith</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 25, 1951</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>July 22, 1889</b>	
<b>9. AGE</b> (In years last birthday) <b>62</b>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <b>Saw Operator</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Carter Co., Mo.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>					
<b>13a. FATHER'S NAME</b> <b>Marion Smith</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Boyer</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Pearl Smith</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Julia Boatright, 1517 So. 3rd St.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarct.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Benign Prostatic Hypertrophy</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION <b>Aug 24, 1951</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Benign Prostatic Hypertrophy</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>610X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>610X</b>	
<b>22. I hereby certify that I attended the deceased from Aug 19, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 2:15 p. m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Mary Schallert MD</b>		<b>23b. ADDRESS</b> <b>505 Humboldt Bldg.</b>		<b>23c. DATE SIGNED</b> <b>Aug 26, 1951</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>24b. DATE</b> <b>8-28-51</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mills Springs, Mo.</b>	
<b>24d. LOCATION (City, town, or county) (State)</b> <b>Wayne, Mo.</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 27 1951</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	
<b>ADDRESS</b> <b>Wayne, Mo.</b>					

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John J. Palmer*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.